**HISRA CONFIDENTIAL SCHOLARSHIP APPLICATION**

**THIS SCHOLARSHIP APPLICATION MUST BE FILLED OUT COMPLETELY AND ALL SUPPORTING DOCUMENTATION MUST BE INCLUDED. INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED UNTIL THEY ARE COMPLETE**

***HISRA SCHOLARSHIP FUNDS ARE FOR RESIDENTS OF MEMBER DISTRICTS ONLY***

***SCHOLARSHIPS FUNDS ARE NOT GUARANTEED***

***REMAINING BALANCE AFTER SCHOLARSHIP FUNDS ARE APPLIED ARE THE RESPONSIBLITIY OF THE PARENT/GUARDIAN AND MUST BE PAID IN FULL PRIOR TO THE START OF THE PROGRAM OR CAMP***

***FAILURE TO SUBMIT ALL REQUIRED SCHOLARSHIP MAY RESULT IN THE PARTICIPANT/CAMPER BEING REMOVED FROM THE PROGRAMS OR CAMPS FOR WHICH THEY ARE REGISTERED***

**A 10% DOWN PAYMENT MUST BE SUBMITTED WITH THIS FORM**

**PARTICIPANT/CAMPER INFORMATION:**

**Name:**

**Address, City, State, Zip Code:**

**Phone Number(s):**

**Parent/Guardian/Relationship:**

**WHO LIVES IN THE HOME WITH THE PARTICIPANT?**

**Please list each person that lives in the household, their age and any disability (if any):**

**Name:**  **Age:** **Disability:**

**Name:**  **Age:** **Disability:**

**Name:**  **Age:** **Disability:**

**Name:**  **Age:** **Disability:**

**SCHOLARSHIP REQUEST:**

**Please list the name(s) of program(s) and/or camp(s) participant is registering for:**

**What is the total cost of programs(s) or camp(s): $**

**How much is the participant/family able to pay? $**

**What is the total amount of scholarship being requested? $**

**WHAT INCOME AND/OR ASSISTANCE DOES THE HOUSEHOLD RECEIVE?**

**Does anyone in the household work?** [ ]  **YES** [ ]  **NO**

 **If yes, what is the total amount of wages earned each month? $**

 **(please include 2 recent pay stubs for each household member that is employed)**

**Does anyone in the household receive Social Security or SSI?** [ ]  **YES** [ ]  **NO**

 **If yes, what is the total amount received each month? $**

**(please include documentation for each household member that receives social security or SSI)**

**Does anyone in the household receive unemployment?** [ ]  **YES** [ ]  **NO**

 **If yes, what is the total amount received each month? $**

**(please include documentation for each household member that receives unemployment)**

**Does anyone in the household receive food stamps or other public aid?** [ ]  **YES** [ ]  **NO**

 **If yes, what is the total amount received each month? $**

**(please include documentation for each public aid service the household receives)**

**Does anyone in the household receive child support, foster care payments, adoption subsidy, retirement or pension funds?** [ ]  **YES** [ ]  **NO**

 **If yes, what is the total amount received each month? $**

**(please include documentation for each child you receive child support, foster care payments or adoption subsidy)**

**ADDITIONAL SUPPORTING DOCUMENTATION:**

**(please include copies of each of the following)**

[ ]  **Medical Card of the participant**

[ ]  **Driver’s License or State ID of the participant**

[ ]  **Income Tax Return for each member of the household**

[ ]  **Circuit Breaker (if applicable)**

**Please list and additional reasons that are preventing the participant from being able to pay for the programs/camps they wish to attend (i.e.: medical expenses, loss of income, etc…).**

**Signature of Person Completing this Form:**

**Phone Number:**  **Date:**

**A 10% DOWN PAYMENT MUST BE SUBMITTED WITH THIS FORM**